

Date Applied: _____
Referred By _____
DCBS Worker _____

COMMUNITY ACTION PARTNERSHIP
JOB TRAINING PROGRAM

Participant Application (Check ONE Only)

_____ Microsoft Office Suite (K-Tap Only) _____ Project ACHIEVE (Office Technology)
_____ Medical Terminology/Transcription _____ GED

Section I – Personal

Name

(Last) (First) (Middle)

Address

(Street)

(City) (Zip Code)

Telephone No. _____ Social Security No. _____

Birth date _____ Race _____ Sex _____

Do you receive K-TAP? Yes () No () Monthly Amount: _____

Other Sources of Income _____ Total Monthly Household
Income _____

Food Stamps? _____ Food Stamps Value _____

Health Insurance? _____ If So, What Type? _____

Section II – Family Information

Name	Relation	Sex	SSN	DOB	Race	Disabled?	Veteran?

Household Total: _____

Housing Type: Owned or being bought _____
Rent _____
Homeless _____

Subsidized PHA _____
Subsidized Section 8 _____
Other _____

Section III – Education

Highest grade completed: _____ Do you have GED _____ HS Diploma _____

Can you type? Yes () No () WPM _____

Have you previously participated/completed any job training, vocational and educational program? Please list them : _____

Section IV – Work Experience

Are you presently employed? Yes () No ()

Name of present employer: _____

Position: _____

How long employed? _____ What are your work hours? _____

Employment History

(1) Employer: _____
Position: _____
Dates Employed: From _____ To _____

(2) Employer: _____
Position: _____
Dates Employed: From _____ To _____

(3) Employer: _____
Position: _____
Dates Employed: From _____ To _____

Section V – Program

If you desire to be considered as a participant for one of the Job Training Programs at CAP, please respond to the following questions:

1. Do you consent to enroll and successfully complete the training program with minimal absence. Yes () No ()
2. Do you consent to accept immediate employment upon your successful completion of the training course? Yes () No () If your answer is no, please explain _____

3. Have you ever been convicted of a felony? Yes () No () If the answer is yes, please explain

Note: Conviction of a crime is not an automatic rejection of the application. The specific situation will be reviewed based on potential employers' policies and conditions for employment.

Section VI – Other Information

Emergency Contact Name _____

Address: _____ **Phone:** _____

Relationship _____

What are your short and long-range career goals?

Applicant Signature: _____ **Date:** _____

Please return this application to:

**Community Action Partnership
Work Readiness Division
1200 South Third Street
Louisville, KY 40203**

**Mailing Address: P.O. Box 2197
Louisville, KY 40201**

Office Use Only

Does the applicant meet the eligibility requirements for participation in the project? Yes () No ()

Verified by: _____ **Position:** _____
(Signature)